

GENERAL INSTRUCTIONS

- Attach copies of available vaccination records and required serology results to the Entry Immunization Record. Computerized records of childhood vaccines can be obtained by calling your Public Health Department.
- The completion of the Entry Immunization Record must be completed by a Health Care Provider (HCP) who is under the authority of a Physician or Medical Officer of Health.
- Initials and a signature are required in the event that there are several HCP completing sections of the record. An attesting signature, date and an address is required at the end of the record.
- Health Care agencies have reserved the right to refuse access to students who do not meet their immunization testing requirements and the University has therefore established the requirements based on a wide range of expectations.
- The University's immunization requirements are not subject to accommodations for philosophical reasons and only a medical exemption can be accepted.
- Any decision by the HCP that impedes the student in fulfilling the requirements will only delay and complicate the process for the student. Failure to submit a signed and correctly completed Entry Immunization Record to the Clinical Placement Risk Management Team may result in late fees and/or cancellation from clinical courses/internships.

SPECIFIC REQUIREMENTS

TETANUS/DIPHTHERIA

- Proof of primary series is mandatory or serology is required and must be attached if records are unavailable.
- Date of last booster is required and must have been received within the last 10 years.
- The booster vaccine of choice Diphteria/Tetanus, acceluar pertusis is (Dtap) is recommended.

POLIO

- Proof of primary series and dates of boosters are mandatory.
- In the absence of documentation, adult primary series of Inactivated Polio Vaccine (IPV) is required.

VARICELLA

- Proof of two vaccine doses or serology is required and must be attached.
- A definite reported history is acceptable and serology is recommended.
- Vaccination with 2 doses is required if there is no proof of immunity.

MEASLES

- Proof of immunity is mandatory: two vaccine doses (unless born before 1970) or serology must be attached.
- If primary series of Measles was not completed, a Trivalent vaccine is recommended.

MUMPS

- Proof of immunity is mandatory: two vaccine doses or serology must be attached.
- If primary series of Mumps was not completed, a Trivalent vaccine is recommended.

RUBELLA

- Proof of immunity is mandatory: one vaccine dose or serology must be attached.
- If there was no previous vaccination for Rubella or serology is negative, immunise with a Trivalent vaccine.

HEPATITIS B

- Proof of vaccination and serology for Hepatitis B Surface Antibody must be attached. If serology results show inadequate immunity, revaccinate, record dates of vaccination AND recheck for Surface Antibody one month post vaccination. If serology results indicate adequate Surface Antibody then no further action is required.
- If official records are unavailable for proof of vaccination, serology for Surface Antigen and Surface Antibody are required and must be attached. The following is required based on serology results:

HBsAb negative AND HBsAg negative	Vaccinate with series of Hepatitis B or Hepatitis AB combined Consult with Clinical Placement Risk Management Team/HCP Consult with Clinical Placement Risk Management Team/HCP Immune. No further action is required.
HBsAb negative AND HBsAg positive	
HBsAb positive AND HBsAg positive	
HBsAb positive AND HBsAg negative	

- The process of doing serology and receiving the vaccine must have begun **prior** to the date of clinical practice and a first dose of the vaccine is a minimum requirement. It is the responsibility of the student to submit the remaining proof of completed vaccination and serology results to the Clinical Placement Risk Management Team.

TUBERCULOSIS

- Proof of a baseline Two Step Tuberculin Skin Test (TST) is mandatory.
- After a Two Step TST has been documented all future testing will require a yearly One Step TST.
- Students previously tested with a positive result (induration equal to or greater than 10 mm) should not receive a TST.
- TST must be completed prior to any live vaccine such as MMR or Varicella; if not it is otherwise invalid.
- A chest X-ray (within the past 6 months) is required for previously tested positive students. The chest X-ray report must be attached to the Record and will be valid for the duration of studies at the University.
- For a positive TST, future testing is not required but the **Tuberculosis Prevention and Control** form of self reporting of signs and symptoms of TB is required on an annual basis to the Clinical Placement Risk Management Team.
- A history of BCG vaccination is not a contraindication for a TST
- TST is available at Health Service on campus at no cost to the students.
- TST is recommended 3 months post travel to any endemic area.

INFLUENZA

- Yearly vaccination is **mandatory**. The most current vaccine must have been received and is available by October or November of every year.
- Proof of vaccination must be submitted by December 1st to the Clinical Placement Risk Management Team.
- Clinical placement policies may preclude you from clinical placements.

MENINGOCOCCAL

- Vaccination is recommended but not mandatory.

HBV, HIV, AND HCV

- The College of Physicians and Surgeons of Ontario (CPSO) states that "All physicians performing exposure-prone procedures are ethically obligated to know their personal serologic status with regards to HBV, HIV and HCV. Physicians should know their status for their own health and to prevent exposing patients to unacceptable risks. Periodic testing is smart medicine." <http://www.cpso.on.ca/policies/policies/default.aspx?ID=1474>
- For more information and testing, please consult with Dr. Kilby, Director of the University of Ottawa Health Services, 613-564-3950.

ENTRY IMMUNIZATION RECORD

Faculty of Medicine / Faculty of Health Sciences

STUDENT'S PERSONAL INRECORDATION

Last name:	Given names:
Date of Birth (yy/mm/dd):	Health card #:
E-mail:	Student #:
Telephone :	Admission year: 20__

Please check appropriate box

<input type="checkbox"/> MEDICINE	<input type="checkbox"/> NURSING	<input type="checkbox"/> HUMAN KINETICS	<input type="checkbox"/> NUTRITION	<input type="checkbox"/> REHABILITATION	<input type="checkbox"/> OTHER
<input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> International student <input type="checkbox"/> Visiting Medical Student (VMS)	<input type="checkbox"/> Generic <input type="checkbox"/> Post-RN <input type="checkbox"/> 2nd Entry <input type="checkbox"/> MScN <input type="checkbox"/> MScN [NP]	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate	<input type="checkbox"/> Audiology <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Speech Therapy	

Authorization for disclosure of information: I understand that it is *my responsibility* to inform the appropriate personnel of any communicable disease, special need or medical condition which may place me at risk or pose a risk to others during clinical placements. The in Recordation on the Entry Immunization Record will be kept confidential within the Clinical Placement Risk Management Team. However, under the following circumstances and for the duration of the program, I authorize the release of the Entry Immunization Record to: the clinical site where occupational exposure occurred; the treating medical site/institution (if required) or the clinical placement site (if requested).

Signature: _____

Date (yy/mm/dd): _____

TETANUS/DIPHTHERIA

Copy of primary series record attached **OR** Serology results attached **OR** to follow

Booster (within last 10 years): Vaccine: _____ Date (yy/mm/dd): ____/____/____

Adult primary series of 3 doses is required if there is no proof of initial series or inadequate immunity:

Dose #1	(yy/mm/dd)	Vaccine
Dose #2 1-2 mos. after 1st dose	(yy/mm/dd)	Vaccine
Dose #3 6-12 mos. after 2nd dose	(yy/mm/dd)	Vaccine

First dose or the booster dose should be Diphteria/Tetanus, acceluar pertusis (Dtap) vaccine if the student has never had this before.

POLIO

Copy of primary series record attached **OR** to follow

Last booster dose: Vaccine: _____ Date (yy/mm/dd): ____/____/____

Adult primary series of 3 doses of Inactivated Polio Vaccine(IPV) is required if there are no records:

Dose #1	(yy/mm/dd)	Vaccine
Dose #2 1-2 mos. after 1st dose	(yy/mm/dd)	Vaccine
Dose #3 6-12 mos. after 2nd dose	(yy/mm/dd)	Vaccine

VARICELLA

Copy of vaccination record attached **OR** Serology results attached **OR** to follow

Reported history If yes -> Date of infection (yy/mm/dd): ____/____/____

Serology for confirmation of immunity is recommended if there is a reported history only.

Adult series of 2 doses is required if there is inadequate immunity:

Dose #1	(yy/mm/dd)	Vaccine
Dose #2 1 month after 1st dose	(yy/mm/dd)	Vaccine

MEASLES, MUMPS AND RUBELLA

Copy of MMR primary series record attached **OR** Serology results attached **OR** to follow

Dose #1	(yy/mm/dd)	Vaccine
Dose #2 1 month after 1st dose	(yy/mm/dd)	Vaccine

HEPATITIS B

Copy of primary series records attached **OR** to follow

Copy of serology for Surface Antibody results attached **OR** to follow

Copy of serology for Surface Antigen results attached **OR** to follow (must be provided if primary series is **not** complete or records are **unavailable**)

Dose #1	(yy/mm/dd)	Vaccine
Dose #2	(yy/mm/dd)	Vaccine
Dose #3	(yy/mm/dd)	Vaccine

If serology results show inadequate immunity indicate date of **booster dose(s)**.

Dose #4	(yy/mm/dd)	Vaccine
Dose #5	(yy/mm/dd)	Vaccine
Dose #6	(yy/mm/dd)	Vaccine

Serology for Surface Antibody 1 month post series attached **OR** to follow

INFLUENZA

Proof of vaccination attached **OR** to follow

Vaccine: _____ Date of vaccination (yy/mm/dd): ____/____/____

Immunization clinics are available from Health Services, on campus in the late fall months, clinical settings and from the City of Ottawa Public Health.

TUBERCULIN SKIN TEST

Two Step Tuberculin Skin Test Required

Copy of previous Two-Step Mantoux record attached **OR** to follow

Step One Date (yy/mm/dd): ____/____/____ mm induration: _____

Step Two Date (yy/mm/dd): ____/____/____ mm induration: _____
(Step Two test should take place within 1-4 weeks of Step One if step one was negative)

If a 2-step TST was previously completed, provide documentation of a single step for the academic year:

Step One Date (yy/mm/dd): ____/____/____ mm induration: _____

If you have a documented history of a previous positive TB test (induration measuring equal to or greater than 10 mm), a TST skin test is NOT required. Proceed to a Chest X-ray.

CHEST X-RAY: Chest X-ray (within the past 6 months) -> Report attached **OR** Report to follow

INH treatment completed? YES If yes, when: (yy/mm/dd): ____/____/____

NO If no, state reason:

Attesting Signatures of Health Care Providers (HCP) Please include: HCP Name, Clinic Contact in Recordation and signature.

Stamp:

Stamp:

Signature:

Signature:

Date (yy/mm/dd):

Date (yy/mm/dd):